

## Intervention Professional Qualification Worksheet

☐ Independent Intervention Professional\* Employed/Contracted by District    ☐ Employed/Contracted by a DDA or School District

\*Independent Intervention Professionals have additional requirements for CPR/First Aid and Criminal History Check.

**Name of Individual:** \_\_\_\_\_

Option #1 Requirement: Evidence Based Model Certification/Credential	
<input type="checkbox"/> The individual holds a masters-level certification/credential in a Department approved Evidence Based Model (for example: BCBA or Early Start Denver Model).	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Model Name <input type="checkbox"/> A copy of the certification/credential is in the individual's file or attached.

Option #2 Requirement: Degree/Related Discipline and Competency	
Degree	
<input type="checkbox"/> The individual has a Doctoral or Master's degree in psychology, education, applied behavior analysis.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Degree Title <input type="checkbox"/> A copy of the diploma/transcript is in the individual's file or attached.

**OR**

Related Discipline		
<input type="checkbox"/> The individual has a Doctoral or Master's degree; <b>and</b>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Degree Title <input type="checkbox"/> A copy of the diploma is in the individual's file or attached.	
<input type="checkbox"/> The individual has one thousand five hundred (1,500) hours of relevant coursework or training, or both, in principles of child development, learning theory, positive behavior support techniques, dual diagnosis, or behavior analysis. *These hours may be included as part of degree program.	<input type="checkbox"/> A copy of the resume documentating this is in the individual's file or attached.	
Coursework/Training Area	Course number(s) and title OR Training title and entity providing training (completion must be supported by transcript, CEU, or certificate of completion)	Number of hours
Child Development		
Learning Theory		
Positive Behavioral Supports		
Dual Diagnosis		
Behavior Analysis		
Pscyhology		
Education		

**AND**

Competency	
<input type="checkbox"/> The individual has one thousand two hundred (1,200) hours relevant hours of experience in completing and implementing comprehensive behavioral therapies for individuals with functional or behavioral needs.  *These hours may be included as part of degree program.	<input type="checkbox"/> A copy of the resume documentating this is in the individual's file or attached.

**Additional Requirement to Serve Children Birth to Three (0-3)****For Option #1 Requirement: Evidence Based Model Certification/Credential**

<input type="checkbox"/> The individual meets the additional birth to three requirements as defined in IDAPA 16.03.09.575.06.c.	<input type="checkbox"/> The individual does not intend to provide services to children birth to three in our school district/charter school.  <input type="checkbox"/> The individual intends to provide services to children birth to three in our school district/charter school. A copy of documentation to support the additional requirements is in the individual's file or attached.
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**For Option #2 Requirement: Degree/Related Discipline and Competency**

<input type="checkbox"/> The individual meets the additional birth to three requirements as defined in IDAPA 16.03.09.575.06.c.	<input type="checkbox"/> The individual does not intend to provide services to children birth to three in our school district/charter school.  <input type="checkbox"/> The individual intends to provide services to children birth to three in our school district/charter school. A copy of documentation to support the additional requirements is in the individual's file or attached.
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